

Casework Authorization Form

Date:____ / ____ / ____

Last Name:_____ First Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Home Phone:_____ Work Phone:_____ Fax:_____

Cell Phone: _____ Email: _____

Social Security #:____ - ____ - ____ Date of Birth:____ / ____ / ____

Other ID

Numbers:_____

Desired Resolution:

Constituent Permission:

I hereby request the assistance of the Office of Representative George R. Nethercutt, Jr. in resolving the matter described above and authorize Representative Nethercutt and his staff to receive and/or release any information necessary in order to provide this assistance.

Signature:_____ Date:____/____/____

Desired Resolution (continued):

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.